



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
CMi INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED 3/14/14-CD

REVIEWED REPORT #
 By Carol Day at 3:36 pm, Apr 01, 2014

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

| | | | |
|---------------------------------------|---|----------------------------------|-----------------------------|
| INSTRUMENT SERIAL NUMBER 80-005848 | LOCATION OF INSTRUMENT INDEPENDENCE PD | DATE OF INSPECTION 03/08/2014 | TIME OF INSPECTION 15:00 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test | g/210L | Time | STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
| ----- | ----- | ----- | WET | 13290 | 10/29/2015 |
| Air Blank | 0.000 | 15:04 | SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| Cal Check | 0.100 | 15:05 | 34.0 | DR4900 | 02/21/2015 |
| Air Blank | 0.000 | 15:06 | STANDARD VALUE | STANDARD SUPPLIER | |
| Cal Check | 0.102 | 15:06 | 0.100 | GUTH LAB INC | |
| Air Blank | 0.000 | 15:07 | CALIBRATION CHECK RESULT 1 | | |
| Cal Check | 0.102 | 15:07 | 0.100 | | |
| Air Blank | 0.000 | 15:08 | CALIBRATION CHECK RESULT 2 | | |
| | | | 0.102 | | |
| | | | CALIBRATION CHECK RESULT 3 | | |
| | | | 0.102 | | |
| | | | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) | |
| | | | 2.0% | 0.002 | |

Pass

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|------|--|------------------|--------|-------|
| | | | Test | g/210L | Time |
| Voltage/Current Test | Pass | | ----- | ----- | ----- |
| RAM Test | Pass | | Air Blank | 0.000 | 15:08 |
| EEPROM Checksum Test | Pass | | Subject Test | RFI* | 15:09 |
| Real Time Clock Test | Pass | | Air Blank | 0.000 | 15:09 |
| DSP Test | Pass | | *RFI Detect | | |
| Analytical Stability Test | Pass | | | | |
| Modem Test | Pass | | | | |
| Temperature Regulation Test | Pass | | | | |

Pass

Pass

| NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT | | | | | | |
|---|---------|---------|---------|---------|----------|---|
| REFUSALS | .00-.04 | .05-.09 | .10-.14 | .15-.19 | OVER .19 | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

| INSPECTING OFFICER | | |
|---------------------------------|-------------------------------------|----------------------------------|
| SIGNATURE | PRINT NAME JONATHAN HOLLINGSHEAD | |
| TYPE II PERMIT NUMBER 230203 | EXPIRATION DATE 09/23/2015 | TELEPHONE NUMBER 816-325-7293 |



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 2/21/2014 Expires: 02/21/2015
Digital Therm. SN:093752 Temp:34.00
MSC Tech:RW
Agency: INDEPENDENCE POLICE DEPT
DR4900




Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 2/21/2014

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program
660-543-4834



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

JONATHAN M HOLLINGSHEAD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/23/2013

NUMBER 230203

EXPIRES 9/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator HOLLINGSHEAD, JONATHAN
Permit No 230203
Date Issued 9/23/2013 Date Expires 9/23/2015

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority personally appears Todd Hargis.
Who, being by me duly sworn, deposed as follows:

My name is Todd Hargis I am of sound mind, capable of making this
affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of *Intoxilyzer 5000* Serial number 80-005848.
Attached hereto are 4 pages of records from the **Independence Missouri Police
Department**. These pages of records are kept by the **Independence Missouri Police
Department** in regular course of business of the **Independence Missouri Police
Department** for an employee or representative of the **Independence Missouri Police
Department** with the knowledge of the act, event, condition, opinion, or diagnosis
recorded to make the record or to transmit information thereof to be included in such
record, and the record was made at or near the time of the act, event, condition, opinion
or diagnoses. The records attached hereto are the original or exact duplicates of the
original.

Todd Hargis
AFFIANT

Subscribed and sworn to me on this 18th day of March, 2014.



SAMANTHA MORRIS
My Commission Expires
January 24, 2017
Jackson County
Commission #13439145

Samantha Morris
NOTARY PUBLIC